

**PATENT** ATTORNEY DOCKET NO. 04148-00006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	) .
Pierre Jean François Layrolle, Klaas de Groot, Joost Dick de Bruin, and Clemens A. van Blitterswijk	) Examiner: Brenda A. Lamb )
Serial No.: 09/757,310	) Art Unit: 1734
Filed: January 9, 2001	APP CEIVE
Title: METHOD FOR COATING MEDICAL IMPLANTS	} /C, 29 2002 ED
Assistant Committee Committee	

Assistant Commissioner for Patents Washington, D.C. 20231

## TRANSMITTAL LETTER

Sir:

In regard to the above identified application, we are transmitting herewith the attached:

- Amendment and Response to Office Action, 1.
- Version of Amendments with Markings to Show Changes Made, and 2.
- 3. Return postcard.

With respect to additional fees:

- No additional fee is required.
- An additional fee is required and has been calculated as shown below: \_X\_ B.

1

CLAIMS AS A	MENDED							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	Add	(7) Additional Fee	
Total Claims	21	Minus	20	1	X \$9	=	\$9.00	
Indep. Claims	3	Minus	3 .	0	X \$42	=	\$0.00	
		<u> </u>	Total Additiona	l Claims Fees			\$9.00	
Petition/Request for Extension of Time		0 months			.,.	\$0.00		
			Total Additional	al Fees for this		. <u></u>	\$9.00	

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

	C.	Attached is a check in the amount of \$
<u>X</u>	D.	The Commissioner is hereby authorized to charge the total additional feet to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.
<del></del>	E.	The Commissioner is hereby authorized to charge the Petition fee of \$ to Deposit Account No. 19-0733.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,

Dated: April 24, 2002

ohn P. Iwanicki, Reg. No. 34,628 BANNER & WITCOFF, LTD. 28 State Street, 28th Floor

Boston, MA 02109

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> Each multiple dependent claim should be counted as the number of claims from which it depends.